

MARGIN RESERVED FOR BINDING

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State		State File No.	
County <u>Maricopa</u>				<u>Arizona</u>		<u>205</u>	
Township				or Village		Registered No.	
<u>Phoenix</u>						<u>1436</u>	
City				No.		Ward	
				<u>1305 W. Jefferson</u>			
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred				How long in U. S. if of foreign birth?			
yrs. mos. ds.				yrs. mos. ds.			
2. FULL NAME <u>N. Eleanor Deubler or (Nancy Eleanor Deubler)</u>							
(a) Residence: No. <u>1305 W. Jefferson</u>				St. <u>Ward</u>		(If nonresident give city or town and State)	
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word)			
<u>Female</u>		<u>White</u>		<u>Widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>July 29, 1859</u>							
7. AGE		Years		Months		Days	
<u>72</u>		<u>4</u>		<u>19</u>		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
<u>at home</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) <u>Casey County, Kentucky</u>							
(state or country)							
13. NAME <u>Harvey Haggard</u>							
14. BIRTHPLACE (city or town) <u>Unknown</u>							
(State or country)							
15. MAIDEN NAME <u>Sarah</u>							
16. BIRTHPLACE (city or town) <u>Unknown</u>							
(State or country)							
17. INFORMANT <u>Mrs. Peterson</u>							
(Address) <u>1305 W. Jefferson</u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Greenwood</u> Date <u>Dec 23, 1931</u>							
19. UNDERTAKER <u>A. L. MOORE & SONS</u>							
(Address)							
20. Filed <u>Dec 23, 1931</u> <u>Attorney</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Dec. 18, 1931</u>							
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 15, 1931</u> to <u>Dec 18, 1931</u>							
I last saw <u>her</u> alive on <u>Dec 15, 1931</u> at <u>10:00 a.m.</u>							
to have occurred on the date stated above, at <u>5 a.m.</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Angina pectoris</u>							
Other contributory causes of importance:							
Name of operation							
What test confirmed diagnosis? <u>History of symptoms</u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u>✓</u> Date of injury <u>19</u>							
Where did injury occur? <u>✓</u> (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury <u>✓</u>							
Nature of injury <u>✓</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>✓</u>							
If so, specify							
(Signed) <u>Thos. H. Hall</u> M. D.							
(Address) <u>Phoenix, Ariz.</u>							